

St. GABRIEL'S PRE-SCHOOL

Application for Admission

Name of Child: _____

Date of Birth: _____

Home Address: _____

_____ Post Code: _____

Mobile Number: _____

Email Address: _____

Parent/Carer (Mother's Name): _____

Parent/Carer (Father's Name): _____

Parental Responsibility of Child: Mother YES/NO Father YES/NO

Who is allowed Legal Contact: _____

Name of Doctor: _____

Telephone Number: _____

EMERGENCY CONTACT NUMBERS

1. Name of Person: _____

Relationship to Child: _____

Telephone Number: _____

2. Name of Person: _____

Relationship to Child: _____

Telephone Number: _____

PLEASE TURN OVER

**** A parent includes a child's natural parents, as well as anyone else who cares for the child or who has parental responsibility for the child****

Please indicate if your child has any special dislikes (i.e. food/drink) or if they have any allergies:

Religious/Cultural Information about your child:

Has your child attended a Pre-school or Nursery before? If Yes, please give details: _____

Date of Application: _____

Thank you for choosing St. Gabriel's Pre-School.

I/We agree to abide by the policies and procedure laid down by St. Gabriel's Pre-School.

Copies are on display in the Pre-School or available on request.

Signature: _____

Please return to : St. Gabriel's Pre-School
Pre-School Building
Wilnecote Lane
Tamworth
Staffordshire
B77 2LF

Telephone Number: 01827 250903 / Mobile: 07980 929259

Email: theresa.miller@st-gabriels.staff.sch.uk

Please note: If offered a place at St. Gabriel's Pre-School there will be other forms to complete